



INLAND COUNTIES EMERGENCY MEDICAL AGENCY

EMS Aircraft Permit Application 2013-2014

- ☐ New Permit
☐ Renewal

Return To: Inland Counties Emergency Medical Agency
Attn: Julie Avalos
1425 South "D" Street
San Bernardino, CA 92415-0060
Telephone (909) 388-5828

1. IDENTIFICATION

Agency or Company Name: _____

Doing Business As: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ FAX # _____

CEO: _____ CEO E-Mail: _____

EMS Coordinator: _____ EMS Coord E-Mail: _____

Medical Director: _____ Med Dir E-Mail: _____

2. IF A CORPORATION, JOINT VENTURE, PARTNERSHIP OR LIMITED PARTNERSHIP, LIST NAMES OF ALL PARTNERS, AND/OR NAMES OF CORPORATE OFFICERS, THEIR PERMANENT ADDRESSES AND THEIR PERCENTAGE OF PARTICIPATION IN THE BUSINESS.

☐ Not Applicable

Name	Mailing Address	Position (i.e., Partner, President)	Participation Percentage

3. LEVEL OF SERVICE

Check the level of service to be provided and the number of aircraft in each category
of Aircraft

- ☐ Air Ambulance _____
- ☐ Air Rescue _____

4. HOURS OF SERVICE

- ☐ 24 Hours per day, 365 days per year
- ☐ If not 24/7/365, specify hours of operation _____

5. MUTUAL AID AND EMERGENCY OPERATIONS

Do you agree to provide mutual aid and emergency medical services at the request of the County Health Officer or his designee in accordance with County Code Sections 31.0823 and 31.0824? ☐ Yes ☐ No

- ☐ Provider agrees to Provider Automated Flight Following (AFF) Capabilities

6. EMS AIRCRAFT

Provide a complete list of aircrafts that you will operate during permit's term. This list must be amended throughout the permit's term to reflect changes, substitutions, loans or leased aircrafts.

Unit #	Base of Operation	Tail No.	Night Vision	Range of Aircraft	Total Patient Capacity	Critical Patient Capacity	Passenger Capacity
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

7. FAA PART 135 CERTIFICATE AND CERTIFICATE OF REGISTRATION

Attach a copy of current Part 135 Certificate issued by FAA, if applicable.
Attach a copy of current certificate of aircraft registration, if applicable.

☐ Exempt☐ Exempt**8. EQUIPMENT AND SERVICE**

Do you own, or have under your control, required equipment to adequately conduct an EMS Aircraft service for which you propose to be permitted, which meet the requirements established by ICEMA and that you own or have access to suitable and safe facilities for maintaining your EMS Aircraft service in a clean, sanitary and mechanically sound condition?

☐ Yes ☐ No**9. COMPLIANCE AGREEMENT**

Do you affirm that each listed EMS Aircraft and its appurtenances conform to all applicable provisions of the EMS Aircraft, and the California Administrative Code?

☐ Yes ☐ No**10. COMMUNICATION**

☐ Check here to affirm all units are equipped with communication equipment as per ICEMA requirements.

☐ List types of communications access & capabilities of applicant : _____

11. PERSONNEL

- a. Do you employ sufficient personnel, adequately trained and available to deliver EMS Aircraft service of good quality at all times in the permitted operating area?

☐ Yes ☐ No**12. NUMBER OF EMPLOYEES**

List the number of employees below:

Type	Full Time	Part Time	Volunteer	Total
EMT				
EMT-P				
R.N.				
M.D.				

13. EMPLOYEES (INITIAL APPLICANTS ONLY)

- a. List of EMT-P employees:

Name	ICEMA Accreditation #	Expiration Date

- b. Do you affirm that all EMS employees have and will continue to have applicable licenses, permits and certifications, (i.e., California Drivers License, Medical Examiner's Certificate, current CPR card, EMT or ICEMA EMT-P card and State of California Licensure)?

☐ Yes ☐ No

14. IMAGETREND ePCR

☐ Yes ☐ No Do you agree to utilize ICEMA's ImageTrend ePCR software as is now approved, or ICEMA's designated ePCR software as may change in the future?

15. SERVICE DELIVERY PLAN (SDP)

Copy of the provider's SDP must be submitted to ICEMA for review and approval by ICEMA thirty (30) days prior to implementation.

16. LOCATION AND DESCRIPTION OF BASE

The intended emergency medical service area and the location and description of the base(s) of operation from which EMS aircraft will operate.

17. INDEMNIFICATION

Do you certify that as a condition of San Bernardino County issuing a permit, that you agree to appear and defend all actions against ICEMA and the County arising out of exercise of said permit, and shall indemnify, defend and save ICEMA and the County, its officers, employees and agents harmless of and from all claims, demands, actions or causes of actions of every kind and description resulting directly or indirectly, arising out of, or in any way connected with the exercise of the permit unless there is a conflict of interest?

☐ Yes ☐ No

18. LIABILITY INSURANCE

ICEMA liability insurance requirements for ALS service providers are as follows:

1. Comprehensive General in the sum of \$5,000,000 per occurrence
2. Aircraft liability in the sum of \$10,000,000 per occurrence
3. Professional liability of paramedic services in the sum of \$5,000,000 per occurrence
4. Worker's Compensation-statutory amount with \$250,000 for Employers Liability

You must provide the following:

- * Evidence that ICEMA, its officers, officials, employees and volunteers are additionally insured as respect to operations performed
- * Evidence that insurance policies contain a provision that a thirty (30) day notice will be given to ICEMA prior to cancellation, modification or reduction in limits
- * Public providers must show evidence of liability protection in the form of copies of insurance policies, official action of their governing body or other legal documents
- * Evidence of Workers Compensation insurance

19. PERMIT FEES

Application will not be processed without payment of fees. Refer to ICEMA Policy #5090.

If you require an invoice, please contact ICEMA

20. STATEMENT OF SUFFICIENT EMPLOYMENT

Statement that the applicant will employ sufficient medical personnel adequately trained and available to deliver EMS Aircraft services at all times during operational hours as provided for in SDP, permit application and/or communicated to ICEMA's ADC.

21. EMS AIRCRAFT RATES

Proposed schedule of any rates to be charged by the provider for EMS Aircraft services. Additionally, any increase in rates charged must be provided to ICEMA thirty (30) days prior to becoming effective.

22. STATEMENT OF FACTS

Please provide a statement of facts for new applicants showing the past experience of the applicant in the operation of an air ambulance/air rescue service and at what level, e.g., ALS or BLS, and that the applicant is qualified to render efficient air ambulance/air rescue service(s).

23. COMPLIANCE

☐ Yes ☐ No Provider agrees to comply with all ICEMA EMS Aircraft Service Regulations.

24. SIGNATURE FOR APPLICATION SUBMISSION

This permit application is to be signed and verified by the owner/applicant/officer, or in a partnership, by each partner. In the case of a corporation, the signature of an authorized officer and the accompanying corporation seal are required. Add signature pages as needed.

The information and statements contained within this permit application are true and correct to the best of my knowledge.

Applicant/Owner/Officer Signature

Applicant/Owner/Officer Signature

Print Name

Print Name

Date

Date